



# Cryptococcal Disease

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOH Classification  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_ Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know  
Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_ Gender ☐ F ☐ M ☐ Other ☐ Unk  
Phone(s)/Email \_\_\_\_\_ Ethnicity ☐ Hispanic or Latino ☐ Unk  
☐ Not Hispanic or Latino  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other ☐ Unk  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_\_ days

☐ **Asymptomatic**  
**Signs and Symptoms**  
Y N DK NA  
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): \_\_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk  
☐ ☐ ☐ ☐ Chills  
☐ ☐ ☐ ☐ Night sweats  
☐ ☐ ☐ ☐ Loss of appetite  
☐ ☐ ☐ ☐ Weight loss  
☐ ☐ ☐ ☐ Nausea  
☐ ☐ ☐ ☐ Cough  
☐ ☐ ☐ ☐ Shortness of breath  
☐ ☐ ☐ ☐ Chest pain  
☐ ☐ ☐ ☐ Headache  
☐ ☐ ☐ ☐ Neck stiffness  
☐ ☐ ☐ ☐ Muscle pain  
**Predisposing Conditions**  
Y N DK NA  
☐ ☐ ☐ ☐ Preexisting medical condition which may have contributed to current illness or death  
☐ ☐ ☐ ☐ Previously healthy  
☐ ☐ ☐ ☐ HIV positive  
☐ ☐ ☐ ☐ Immunosuppressive therapy or disease  
☐ ☐ ☐ ☐ Organ transplant  
Specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Chronic diabetes  
☐ ☐ ☐ ☐ Chronic lung disease  
Specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies  
Specify: \_\_\_\_\_  
☐ ☐ ☐ ☐ Current tobacco smoker  
☐ ☐ ☐ ☐ Former tobacco smoker  
☐ ☐ ☐ ☐ Taking oral steroids (e.g. cortisone, prednisone) in the year before onset

### Clinical Findings

Y N DK NA  
☐ ☐ ☐ ☐ Encephalitis or encephalomyelitis  
☐ ☐ ☐ ☐ Meningitis  
☐ ☐ ☐ ☐ Brain cryptococcoma  
☐ ☐ ☐ ☐ Pneumonia  
X-ray confirmed: ☐ Y ☐ N ☐ DK ☐ NA  
☐ ☐ ☐ ☐ Lung cryptococcoma  
☐ ☐ ☐ ☐ Skin abscess  
☐ ☐ ☐ ☐ Other \_\_\_\_\_

### Hospitalization

Y N DK NA  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Source: \_\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Cryptococcus identified from fungal culture  
How was it identified? \_\_\_\_\_  
☐ ☐ ☐ ☐ Cryptococcus identified from cytology  
☐ ☐ ☐ ☐ Cryptococcus identified from histopathology  
☐ ☐ ☐ ☐ Positive serology  
Titer: \_\_\_\_\_  
☐ ☐ ☐ ☐ Species identified  
Result \_\_\_\_\_  
☐ ☐ ☐ ☐ Variant identified (e.g. VGIIa)  
Result \_\_\_\_\_

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Months from onset:

Exposure period

-12 -2

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (12 months before onset)****Location/Travel**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the county, state, country  
Out of: ☐ County ☐ State ☐ Country

City	Month/Year

- ☐ Patient could not be interviewed  
☐ No risk factors or exposures could be identified

**Location of Residence**

Y N DK NA

- ☐ ☐ ☐ ☐ Live less than a mile from wooded area  
☐ ☐ ☐ ☐ Live less than a mile from animal farm  
If yes, what type of farm? \_\_\_\_\_  
☐ ☐ ☐ ☐ Live less than a mile from a crop farm  
☐ ☐ ☐ ☐ Live less than a mile from a soil disturbance (excavation, construction, pipe laying, etc)  
☐ ☐ ☐ ☐ Live less than a mile from logging or vegetation clearing

**Activities**

Y N DK NA

- ☐ ☐ ☐ ☐ Handle wood on a regular basis (sawing, chopping, stacking, etc)  
Type of wood: \_\_\_\_\_  
☐ ☐ ☐ ☐ Moving or digging earth  
☐ ☐ ☐ ☐ Construction using lumber  
☐ ☐ ☐ ☐ Yard landscaping (more than maintenance)  
☐ ☐ ☐ ☐ Spreading bark mulch/mood chips  
☐ ☐ ☐ ☐ Cutting individual trees  
☐ ☐ ☐ ☐ Logging/clearing of lots  
☐ ☐ ☐ ☐ Were any of these activities done in neighborhood  
☐ ☐ ☐ ☐ Was wood (e.g. for burning) or other vegetation brought into the home?

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**Exposure details:****PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Treatment prescribed for this illness  
Name: \_\_\_\_\_

**PUBLIC HEALTH ACTIONS**

☐ Any public health action, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** This form is not available through PHIMS. Cryptococcal disease should be reported to DOH through PHIMS as a "Rare Disease of Public Health Significance." Fax this form to DOH upon completion: 206-418-5515